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CONFIRMATION NO. 3044

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|---|---|--------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/786,215  | <b>FILING OR 371(c) DATE</b><br>02/25/2004<br><b>RULE</b>   | <b>CLASS</b><br>606            | <b>GROUP ART UNIT</b><br>3733   | <b>ATTORNEY DOCKET NO.</b><br>14000.8.1.2 |
| <b>APPLICANTS</b><br>Hugh S. West JR., Salt Lake City, UT;<br>John R. West, Cincinnati, OH;<br>Mark Dallara, Tampa, FL;   |   |                                |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/651,671 08/29/2003   |   |                                |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/18/2004</b>  |   |                                |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |   | <b>STATE OR COUNTRY</b><br>UT  | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>23                 |
| Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>  |   | <b>INDEPENDENT CLAIMS</b><br>3 |   |   |
| <b>ADDRESS</b><br>John M. Guynn<br>WORKMAN, NYDEGGER & SEELEY<br>1000 Eagle Gate Tower<br>60 East South Temple<br>Salt Lake City, UT84111   |   |                                |   |   |
| <b>TITLE</b><br>Suture pulley for use with graft tensioning device  |   |                                |   |   |
| <b>FILING FEE RECEIVED</b><br>824   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |